# ORANGE VILLAGE FIRE DEPARTMENT 4600 Lander Road Orange Village, Ohio 44022

### APPLICATION FOR EMPLOYMENT

ORANGE VILLAGE is an **Equal Opportunity Employer** and complies with Federal, State and local equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, marital status, military status, disability or any other protected basis.

ANY FALSE STATEMENT OR ALTERATION OF A CERTIFICATE, OR THE PRESENTATION TO ORANGE VILLAGE OF A PAPER CONTAINING SUCH FALSE STATEMENT OR ALTERATION, WILL DISQUALIFY THE APPLICANT FOR EMPLOYMENT AND, IF THE APPLICANT IS HIRED AND THE FALSIFICATION OR ALTERATION IS DISCOVERED AT ANY TIME DURING THE EMPLOYEE'S EMPLOYMENT, THE EMPLOYEE WILL BE TERMINATED FROM EMPLOYMENT.

Please print all answers. This Application will not be considered unless fully completed and signed.

#### PERSONAL INFORMATION

Name (Last Name, First Name, Middle Initial)		Date:
		Date you can start:
Current Home Address: Street	City, S	tate, Zip Code
How long at current address?		
If less than 5 years at this address provide Street		tate, Zip Code
Telephone Number Home: Cell: Other: Best time and number to reach you:	Are you at least 18 years of age?	☐ Yes ☐ No
Have you ever worked for, or applied for	r work with, Orange Village?	□ No
If yes, provide details, including applica	tion date and position applied for, original dat	e of employment and reason for leaving.

	yment submit documented verification oming a United States citizen and that y? Yes No				
	individuals who are legally entitled to are eligible for employment.	to work in the United States	s and who have decl	ared an intention	of becoming
How did you learn of	this position?				
EMPLOYMEN'	Γ INTERESTS/ SKILLS				
Position(s) for which specific)	you are applying (Please be	Date available for wor Full Time Part Time	k: Regular   Temporary		
	shifts or days you cannot or will not vours, shifts or days you cannot or will me if required?	not work:	□ No		
Do you have or can y	ou get a valid driver's license?	☐ Yes	□ No		
SPECIALIZED SK	KILLS				
Are there any special employment?	skills, training, licenses, certificates,	or qualifications that you l	nave that would bene	efit Orange Villa	ge with your
EDUCATION					
SCHOOL	NAME	LOCATION	LAST GRADE COMPLETED	DIPLOMA/ DEGREE	COURSE/ MAJOR
Elementary					
High School College					
Major					
Other					
(GED, vocational or other training)					

# **EMPLOYMENT HISTORY**

Please list **ALL JOBS** since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form.

EMPLOYER:	PHONE:	Position	
Address	City, State, Zip	Supervisor's Name	
Duties		Starting Salary/Wage	es
		Final Salary/Wages	
Reason for leaving		From	То
EMPLOYER:	PHONE:	Position	
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Duties		Starting Salary/Wage	es
		Final Salary/Wages	
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		Final Salary/Wages	
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EMPLOYER:	PHONE:	Position	
Address	City, State, Zip	Supervisor's Name	
Duties		Starting Salary/Wages	s
		Final Salary/Wages	
Reason for leaving		From	То

# **MILITARY**

Branch of Service	From	То	Rank & Dutie	S Date Discharged
Type of job in Militar	y:			
Type of discharge: H	onorable Dishonorable	Other Explain:		
List any Medals, hono	ors or awards you have rece	ived:		
ADDITIONAL I	NQUIRIES CONC	CERNING EMPLO	YMENT	
May we contact your pres May we contact your pres		□ No □ No		
, , ,	tions and reasons for not con			
1	☐ Yes ☐ No	n records, should we be mad	de aware of any change	of name or assumed name that
	narged or asked to resign fron and where employed and	m any employment?  the reason for your discharg	Yes No No ge or forced resignation is	n each case.
	ed any periods of unemploy es and what you were doing		☐ Yes	□ No
Will you be able to meet If no, please explain.	the attendance requirements	s of the job you are applying	g for?	□ No
Do you cohabitate with a	or marriage to any current variety or current Village employed name of the employee or el		official? ☐ Yes ☐ Yes	□ No □ No

**PERSONAL REFERENCES** – Please list three references who are not relatives, elected officials or employers who have knowledge of your character, experience or ability. Students or recent graduates may provide names of professors or instructors who are familiar with their qualifications.

NAME	ADDRESS	OCCUPATION	YEARS KNOWN	TELEPHONE
PERSONAL SUM	MARY			
n this section, the Orange would be an asset to our do	Village Fire Department woul epartment.	d like you to tell us wl	ny you applied he	re and why you
	APPLICAN	Γ STATEMENT		
ny knowledge. I also understa nay result in my dismissal if	on provided on this Application (and and that any false information or om discovered at a later date. I certify the is true, complete and accurate.	ission may disqualify me	from further consider	ration of employment a
ccompanying resume, if any).	of my past employment and relevant I also authorize Orange Village ation, to obtain information concerns by related to such investigation.	to contact my references a	and any current or p	oast employers, except
f any) to provide Orange Villag	current employer, past employer(s), ge with any relevant information and from any liability related to the prov	l opinion that may be usefu		
	s established, I understand that I mu and that the Village may add to, dele			
Village at any time, for any reasity a collective bargaining agree	hired, my employment is for no def son. However, I also understand that ement. If there should be a conflict a, all conflicts will be resolved in fav	some employees' terms are between any language co	nd conditions of emportained in this Appl	loyment may be govern ication and the applical
My signature below certifies the o the best of my knowledge.	at this Application was completed b	y me and that all entries or	it and information i	n it are true and comple
Signature of Applicant				

## ORANGE VILLAGE 4680 Lander Road Orange Village, Ohio 44022

#### **DISCLOSURE FORM**

As part of our procedure for processing applications for employment (including contract for services with you) we may conduct an investigation into your background. The investigative background inquiries may include consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information *as* to your character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Information may be requested from various federal, state and other agencies which maintain records concerning you activities relating to driving, credit, criminal, civil and other experiences as well as claims from the files of insurance companies.

This document is notice to you that we may obtain this information as part of your pre-employment background check and at any time during your employment. You have the right to demand a complete and accurate disclosure of the nature and scope of the information requested and a procedure is available in the event you dispute the information.

#### **AUTHORIZATION**

Please read the following and indicate your agreement by completing the form below.

I authorize all persons, investigative agencies, business organizations, schools, companies, credit bureaus and law enforcement agencies to supply Orange Village and/or its agents with an investigative consumer report containing any information concerning me or my background. I understand that this information will be used, in part, to determine my eligibility for employment and/or to determine my eligibility for continued employment with the Orange Village. If hired, this authorization shall remain on file and shall serve as ongoing authorization for the Orange Village, with or without notice to me, to obtain consumer reports, including but not limited to, criminal proceedings, at any time during my employment.

I hereby release and forever discharge Orange Village, its elected officials, officers, directors, members, employees, agents, and personnel from any liability and responsibility, damages and claims of any kind whatsoever arising from the investigation of my background in connection with my Application and/or continued employment. I hereby agree to hold the Orange Village harmless and to indemnify it from any such causes of action, liabilities or claims that might arise in the future by any party claiming by, under or through me.

Print Full Name:				
Social Security Nun	nber:		DOB:*	
<b>Current Address:</b>	(Street)	(City)	(State)	(Zip)
Driver's License Nu	ımber:		State:	
Applicant's Signatu	re:		Date:	
<b>Prospective Employ</b>	ver:			

<sup>\*</sup>Date of birth is being requested in order to obtain accurate retrieval of records.



# **Orange Village Fire Department**

4600 Lander Road Orange Village, Ohio 44022 Office (440) 498-4402

## **Authority to Release Information**

To Whom it May Concern:

I hereby authorize any firefighter or authorized representative of the Orange Village Fire Department bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history and disciplinary records; and medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with fill-I knowledge that the information is for the official use of the Orange Village Fire Department. Consent is granted for the Orange Village Fire Department to furnish such information, as in described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and as employer, educational institution, physician, hospital or other repository of medical records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability or claims for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name - Printed	
Date	
Address	
City, State Zip Code	
Telephone Number	
Social Security Number	Date of Birth
Signature	